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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/268,918 02/16/2001
and claims benefit of 60/287,128 04/30/2001

JL 1131/05

** FOREIGN APPLICATIONS *****

NONE JL 1131/05

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** SMALL ENTITY **

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Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance			
Verified and Acknowledged Examiner's Signature	J. Malagon Ryles	Initials JY	DRAWING 2	11	2

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TITLE

Detection of antidepressant induced mania

FILING FEE RECEIVED 575	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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